

Best Available Copy

CLAIMS ONLY						Application Number		Filing Date		
						Applicant(s)				
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep.	Depend.	Indep.	Depend.
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.				
1	/						51	/		
2	/						52	/		
3	/						53			
4	/						54			
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40	/						90			
41	/						91			
42	/						92			
43	/						93			
44	/						94			
45	/						95			
46	/						96			
47	/						97			
48	/						98			
49	/						99			
50	/						100			
Total Indep.	8						Total Indep.			
Total Dépend.	42						Total Depend.	2		
Total Claims	50						Total Claims	2		

2
53